

SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL DD-A&T(AR)1862
1. CONTROL NO. <i>(Optional)</i>	2. PURCHASE REQUEST NO./ REQUISITION NO.	3. TOTAL ESTIMATED VALUE <i>(Including options)</i>	4. SOLICITATION NO./CONTRACT MODIFICATION NO.
5. BUYER			
a. NAME <i>(Last, First, Middle Initial)</i>		b. OFFICE SYMBOL	c. TELEPHONE <i>(Include Area Code)</i>
6. ITEM DESCRIPTION <i>(Including quantity)</i>			6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE
7. TYPE OF COORDINATION <i>(X one)</i>		8. SMALL BUSINESS SIZE STANDARD	
<input type="checkbox"/> INITIAL CONTACT	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> WITHDRAWAL	
		a. STANDARD INDUSTRY CODE (SIC)	b. NO. OF EMPLOYEES
		c. DOLLARS	
9. RECOMMENDATION <i>(X as applicable)</i>		10. ACQUISITION HISTORY <i>(X one)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(If all recommendations are "No," explain in Remarks.)</i>	a. FIRST TIME BUY	
a. SECTION 8(a) <i>(X one)</i>		b. PREVIOUS ACQUISITION <i>(X all that apply)</i>	
<input type="checkbox"/>	<input type="checkbox"/> (1) COMPETITIVE	<input type="checkbox"/>	<input type="checkbox"/> (2) SOLE SOURCE
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE		<input type="checkbox"/> (1) SECTION 8(a)	
c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE <i>(List percentage)</i> %		<input type="checkbox"/> (2) SDB SET-ASIDE	
d. SMALL BUSINESS (SB) SET-ASIDE <i>(List percentage)</i> %		<input type="checkbox"/> (3) HBCU/MI SET-ASIDE	
e. EMERGING SMALL BUSINESS SET-ASIDE		<input type="checkbox"/> (4) SB SET-ASIDE	
f. EVALUATION PREFERENCE FOR SDBs		<input type="checkbox"/> (5) SB - SP SET-ASIDE	
g. SMALL BUSINESS - SMALL PURCHASE (SB-SP) SET-ASIDE		<input type="checkbox"/> (6) OTHER <i>(Specify)</i>	
11. SB PROGRESS PAYMENTS <i>(X one)</i>		12. SUBCONTRACTING PLAN REQUIRED <i>(X one)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		13. SYNOPSIS REQUIRED <i>(X one)</i> <i>(If "No," cite FAR 5.202 exception)</i>	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. REMARKS			
15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE		16. LOCAL USE	
a. NAME <i>(Last, First, Middle Initial)</i>			
b. SIGNATURE		c. DATE SIGNED <i>(YYYYMMDD)</i>	
17. CONTRACTING OFFICER <i>(X one)</i>		18. SMALL BUSINESS SPECIALIST <i>(X one)</i>	
<input type="checkbox"/> CONCURS	<input type="checkbox"/> REJECTS	<input type="checkbox"/> CONCURS	<input type="checkbox"/> APPEALS
c. RECOMMENDATIONS <i>(Document rejections on reverse side)</i>		NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.	
d. NAME <i>(Last, First, Middle Initial)</i>		c. NAME <i>(Last, First, Middle Initial)</i>	
e. SIGNATURE		d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>
f. DATE SIGNED <i>(YYYYMMDD)</i>			